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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/663,226 Application Number FEE TRANSMITTAL Filing Date September 16, 2003 For FY 2006 First Named Inventor John R. Boehringer **Examiner Name** Melanie Jo Hand Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3761 TOTAL AMOUNT OF PAYMENT (\$) 810.00 Attorney Docket No. B1256/20003 METHOD OF PAYMENT (check all that apply) Check Credit Card [Money Order None Other (please identify): Deposit Account Deposit Account Number: 03-0075 Deposit Account Name: Caesar Rivise et al. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) √ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fees Paid (\$) Fee_(\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 0 160 150 80 Reissue 300 500 600 150 250 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 100 Each independent claim over 3 (including Reissues) 200 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee Paid (\$) Multiple Dependent Claims Fee (\$) _ - 20 or HP = 0 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = 0 0 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Total Sheets** Extra Sheets Fee (\$) Fee Paid (\$) 0 0 (round up to a whole number) x 0 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 0 Other (e.g., late filing surcharge): Adjustment Payment for past PTO fees (small to large entity rates) \$810.00 SUBMITTED BY Registration No. 25,257 Telephone 215-567-2010 Signature (Attorney/Agent) Name (Print/Type) Barry A. Stein Date August 31, 2011

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